

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 11-180

First Inventor or Application Identifier NORIMATSU

Title TIRE AIR PRESSURE MONITORING SYSTEM

Express Mail Label No.

S-10392
22141 U 64392
08/20/03**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original and a duplicate for fee processing)</i> | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 22] <ul style="list-style-type: none"> -Descriptive title of the Invention -Cross Reference to Related Applications -Background of the Invention -Summary of the Invention -Brief Description of the Drawings -Detailed Description of the Preferred Embodiment -Claims -Abstract of the Disclosure | 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all necessary)</i> <ol style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5] | 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 4. Oath or Declaration [Total Sheets 3] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d))
 <i>(for continuation/divisional with Box 16 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S)
 Signed statement attached deleting
 inventor(s) named in the prior application,
 see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney
(when there is an assignee) |
| | 9. <input type="checkbox"/> English Translation Document (if applicable) |
| | 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations |
| | 11. <input type="checkbox"/> Preliminary Amendment |
| | 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(should be specifically itemized)</i> <ul style="list-style-type: none"> *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB-09-12) <input type="checkbox"/> Status still proper and desired |
| | 13. <input type="checkbox"/> Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i> |
| | 14. <input type="checkbox"/> Other: |
| | 15. <input type="checkbox"/> |

**NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)*

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____

Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small>		or <input type="checkbox"/> Correspondence address below
Name	23400	
	PATENT TRADEMARK OFFICE	
Address		
City	State	Zip Code
Country	Telephone (703) 707-9110	Fax (703) 707-9112

Name (Print/type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Date	August 20, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Arlington, VA 22202. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 790)

Complete if Known

Application Number	
Filing Date	August 20, 2003
First Named Inventor	NORIMATSU
Examiner Name	
Group/Art Unit	

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

50-1147

Deposit Account Name

POSZ & BETHARDS, PLC

 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. Payment Enclosed:

 Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$ 750)	

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from Below	Fee Paid
8	-20**=	0	x 18 = 0
1	-3**=	0	x 84 = 0

Independent Claims

Multiple Dependent

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	84	2201 42 Independent claims in excess of 3
1203	280	2203 140 Multiple dependent claim, if not paid
1204	84	2204 42 **Reissue independent claims over original patent
1205	18	2205 9 **Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 0)		

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65 Surcharge – late filing fee or oath	
1052	50	2052	25 Surcharge – late provisional filing fee or cover sheet.	
1053	130	1053	130 Non-English specification	
1812	2,520	1812	2,520 For filing a request for reexamination	
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action	
1251	110	2251	55 Extension for reply within first month	
1252	410	2252	205 Extension for reply within second month	
1253	930	2253	460 Extension for reply within third month	
1254	1450	2254	725 Extension for reply within fourth month	
1255	1970	2255	985 Extension for reply within fifth month	
1401	320	2401	160 Notice of Appeal	
1402	320	2402	160 Filing a brief in support of an appeal	
1403	280	2403	140 Request for oral hearing	
1451	1,510	1451	1,510 Petition to institute a public use proceeding	
1452	110	2452	55 Petition to revive – unavoidable	
1453	1,300	2453	650 Petition to revive – unintentional	
1501	1300	2501	650 Utility issue fee (or reissue)	
1502	470	2502	235 Design issue fee	
1503	630	2503	315 Plant issue fee	
1460	130	1460	130 Petitions to the Commissioner	
1807	50	1807	50 Petitions related to provisional applications	
1806	180	1806	180 Submission of information Disclosure Stmt	
8021	40	8021	40 Recording each patent assignment per property (times number of properties)	40
1809	750	2809	375 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375 For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

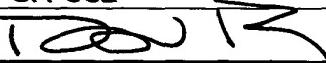
*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 40)

SUBMITTED BY

Complete if applicable

Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701	Telephone	(703) 707-9110
Signature		Date	August 20, 2003		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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